



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

St. Joseph County Department of Health

“Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents”

Application for Tattoo and/or Body Piercing, Practitioner, Temporary Practitioner and Apprentice

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

Name of Tattoo Facility where employed: _____

Tattoo & Body Piercing Practitioner: _____ Tattoo Practitioner: _____ Body Piercing Practitioner: _____

Tattoo & Body Piercing Temporary: _____ Tattoo Temporary: _____ Body Piercing Temporary: _____

Tattoo & Body Piercing Apprentice: _____ Tattoo Apprentice: _____ Body Piercing Apprentice: _____

If the Applicant is an Apprentice, a Mentor's Name and Signature are required!

Printed Name of Applicant / Date

Signature of Applicant / Date

Mentor's Printed Name / Date

Mentor's Signature / Date

For Office Use Only!

Practitioner and Apprentice Information

1. Copy of the applicant's driver's license? Yes _____ No _____
2. Copy of a certified birth certificate, proving applicant is at least 21 years of age? Yes _____ No _____
3. Provided High School Diploma or certificate of GED? Yes _____ No _____
4. Documentation provided of professional certification, associations or memberships relevant by the above-mentioned Ordinance? Yes _____ No _____
5. Documentation provided of all work/training experience including dates, addresses, telephone numbers and supervisors' names? Yes _____ No _____
6. A statement provided by a medical physician dated within 30 days preceding the date of the application stating that the applicant is free of any communicable disease? Yes _____ No _____
7. Provided documentation of blood borne pathogen training? Yes _____ No _____
8. **If an Apprentice**, provided documentation of Mentor's valid St. Joseph County Department of Health Tattoo and/or Body Piercing Permit? Yes _____ No _____

EHS Signature: _____ Approved / Disapproved Date: _____

For Office Use Only!

Transaction #: _____ S/R Permit #: _____ Amount Paid: _____ Employee's Initials: _____

List all previous employment where services rendered were related to this field, (attach additional sheets if necessary).

Dates: _____

Dates: _____

Company: _____

Company: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Supervisor: _____

Supervisor: _____

Telephone Number: _____

Telephone Number: _____

Dates: _____

Dates: _____

Company: _____

Company: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Supervisor: _____

Supervisor: _____

Telephone Number: _____

Telephone Number: _____

Dates: _____

Dates: _____

Company: _____

Company: _____

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Address: _____

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